

Clinical Translation of a Mammaglobin-A DNA Vaccine for Breast Cancer Therapy

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Recombinant DNA Advisory Committee

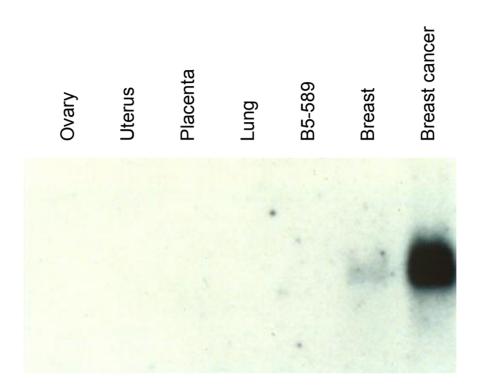
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Overview

 This is a phase I dose-ranging vaccine safety trial of a mammaglobin-A DNA vaccine

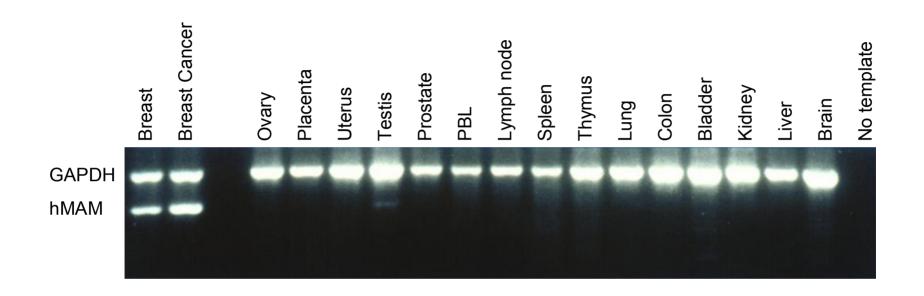
 The broad objective of the study is to identify a safe and immunologically active dose of the mammaglobin-A DNA vaccine that can be used in future studies





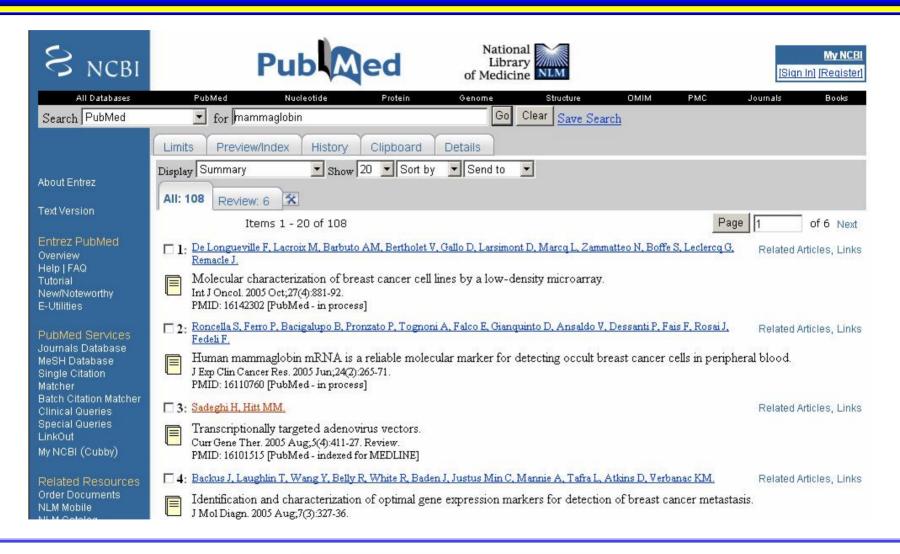
Watson MA et al, Cancer Research 1996; 56:860



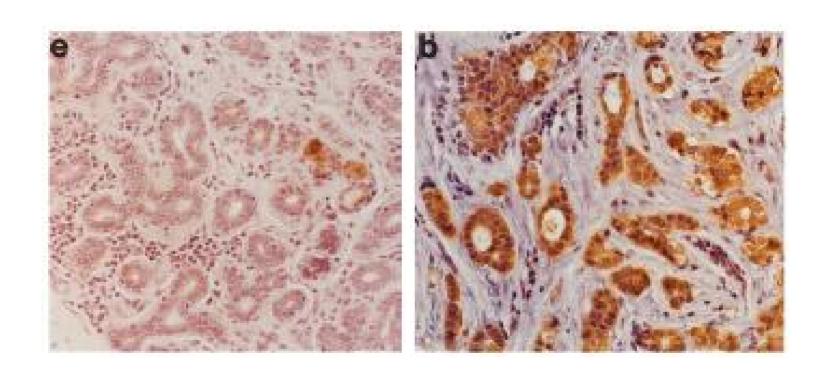


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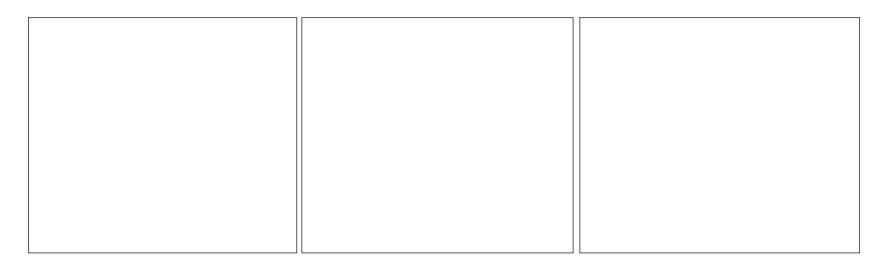






Watson MA et al, Cancer Research 1999; 59:3028





Ductal carcinoma in situ

Well differentiated ductal carcinoma

Poorly differentiated ductal carcinoma

Watson MA et al, Cancer Research 1999; 59:3028

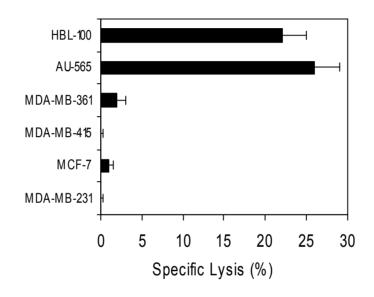


Summary

- Mammaglobin-A is expressed almost exclusively in normal breast epithelium and breast cancer
- Mammaglobin-A is overexpressed in up to 80% of primary and metastatic breast cancers
- Mammaglobin-A overexpression appears to be consistent in all stages of breast cancer



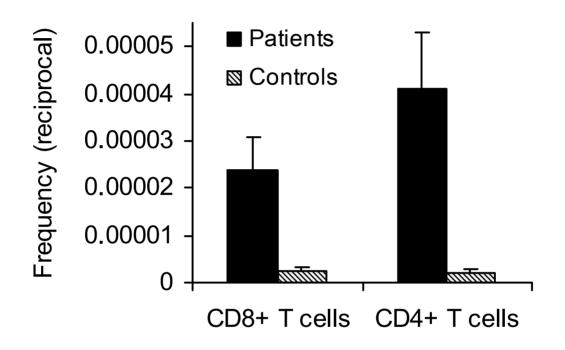
Presentation of Mammaglobin-A



Jaramillo A et al, *International Journal of Cancer* 2002; 102:499



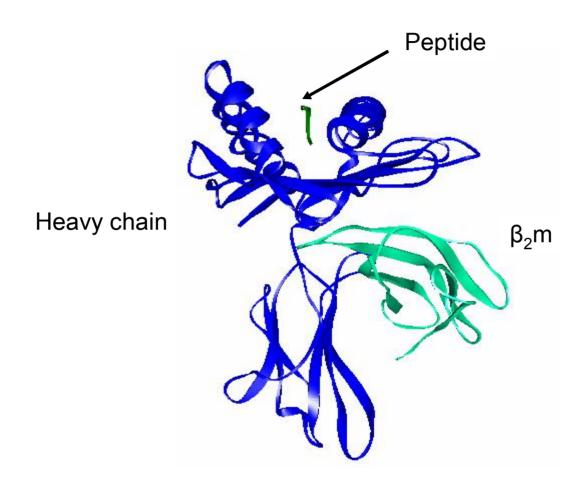
Mammaglobin-A-reactive T cells



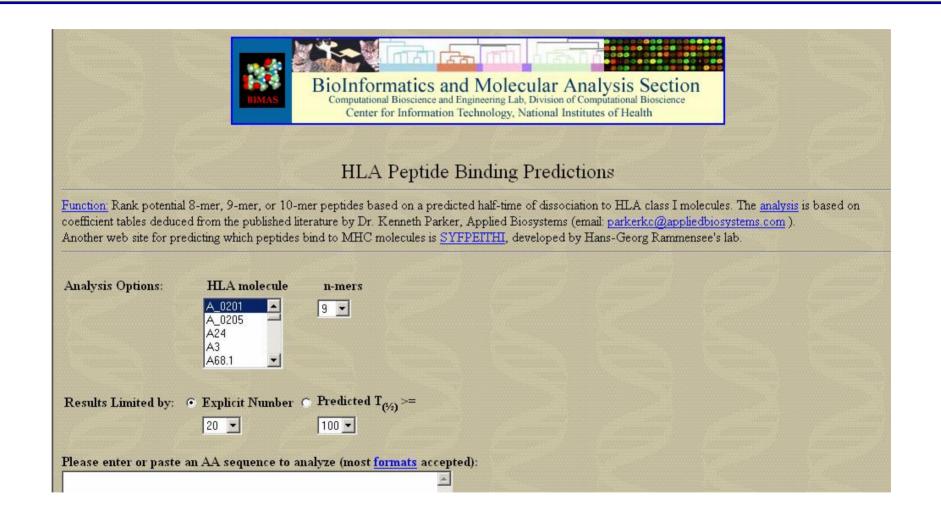
Jaramillo A et al, International Journal of Cancer 2002; 102:499



MHC Class I trimeric structure



Predicting mammaglobin-A epitopes





Mammaglobin HLA-A3 peptides

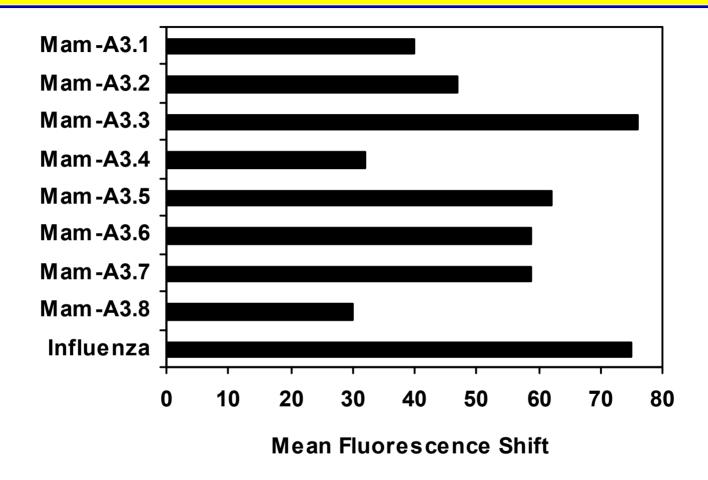
HLA-A3-Binding Peptides Derived from Mammaglobin-A

Peptide	Amino Acid Position	Peptide Sequence	HLA-A3-binding score
Mam-A3.1	23-31	PLLENVISK	27.00
Mam-A3.2	31-39	KTINPQVSK	6.75
Mam-A3.3	02-10	KLLMVLMLA	4.05
Mam-A3.4	55-63	TTNAIDELK	1.50
Mam-A3.5	04-12	LMVLMLAAL	1.35
Mam-A3.6	66-74	FLNQTDETL	0.60
Mam-A3.7	07-15	LMLAALSQH	0.45
Mam-A3.8	58-66	AIDELKECF	0.30

Jaramillo A et al, International Journal of Cancer 2002; 102:499



Membrane Stabilization Assay



Jaramillo A et al, *International Journal of Cancer* 2002; 102:499



Mammaglobin-A-reactive T cells

Frequency of CD8 T cells reactive to mammaglobin-A-derived peptides in the peripheral blood of HLA-A3 breast cancer patients

HLA-A3 peptides									
Patients	A3.1	A3.2	A3.3	A3.4	A3.5	A3.6	A3.7	A3.8	Influenza
1	33	0	0	156	0	0	0	0	127
2	0	0	40	33	0	0	0	23	93
3	0	0	829	183	0	0	7	80	123
4	20	0	57	0	0	3	0	0	103
5	23	0	0	20	0	0	0	0	89
Controls									
1	0	0	3	0	0	0	0	3	83
2	0	0	0	0	0	0	0	0	96
3	0	0	7	3	0	7	0	0	109
4	3	0	0	0	0	0	0	0	76



Summary

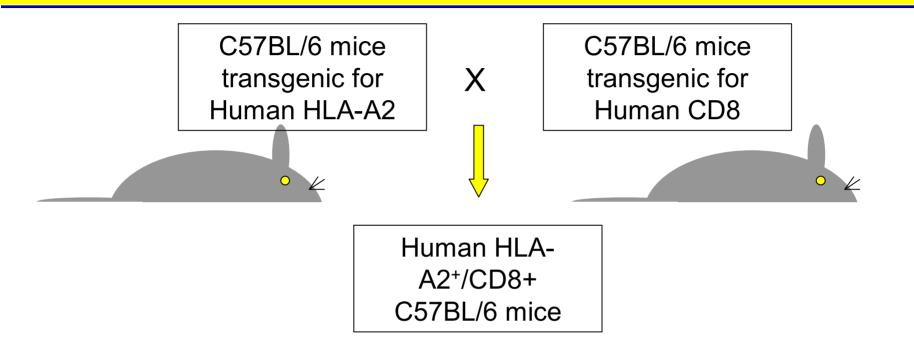
- CD8 and CD4 T cells specific for mammaglobin-A can be generated in vitro from the peripheral blood of breast cancer patients confirming that the immune system can recognize this antigen
- Analyses of peripheral blood from breast cancer patients confirm that breast cancer patients have higher frequencies of mammaglobin-A-reactive T cells



Advantages of DNA Vaccination

- Safety
- Generic manufacture with high purity and stability relative to protein vaccines
- Cost advantage
- Vaccination with full-length cDNA avoids the requirement of MHC restriction

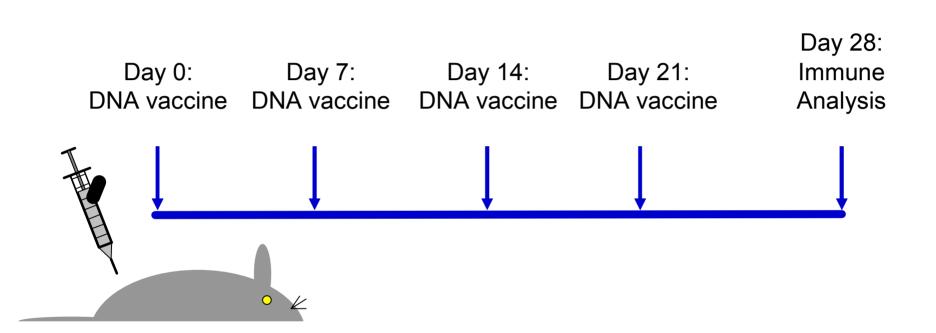
Humanized Mouse Model



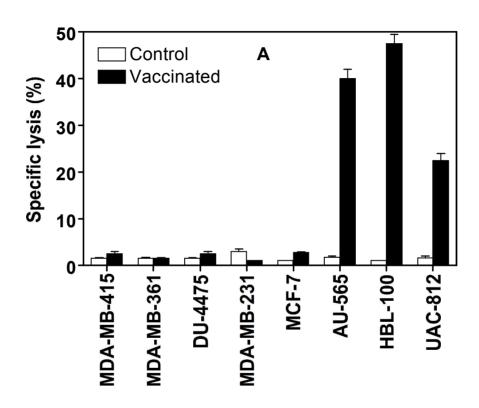
- Expression of HLA-A2 on all tissues
- •Tissue-specific expression of human CD8 on CD8⁺ T cells
- •Facilitates recognition of human MHC by mouse CD8⁺ T cells



Humanized Mouse Model



Humanized Mouse Model



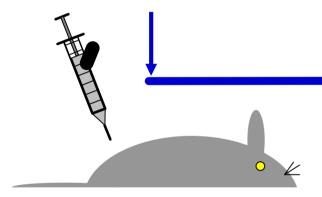
Narayanan et al, *Journal of the National Cancer Institute* 2004; 96:1388



Breast Cancer Xenograft Model

Day 0: Tumor Challenge HBL-100 or MDA-231 cells resuspended in basement membrane Day 14: Adoptive transfer of 4 x 10⁷ spleen cells from vaccinated mice

Tumor size measured by calipers weekly





Breast Cancer Xenograft Model

Narayanan et al, *Journal of the National Cancer Institute* 2004; 96:1388



Phase I Clinical Trial

 This is a phase I dose-ranging vaccine safety trial of a mammaglobin-A DNA vaccine

 The broad objective of the study is to identify a safe and immunologically active dose of the mammaglobin-A DNA vaccine that can be used in future studies



Objectives

 Evaluate the safety of the mammaglobin-A DNA vaccine

 Assess the *in vivo* immune response induced by the mammaglobin-A DNA vaccine by evaluation of the CD8, CD4 and Treg immune responses



Objectives

 Assess the impact of mammaglobin-A DNA vaccination on breast cancer tumor markers, including circulating breast cancer cells

 Evaluate enrolled patients for time to disease progression following vaccination with the mammaglobin-A DNA vaccine



Patient Selection

 Patients with stage IV breast cancer are eligible for enrollment

 Eligible patients will have metastatic breast cancer that has been stable for at least 28 days after chemotherapy, or on hormonal therapy



Dose Escalation

 This trial is a dose-ranging study of four doses of the mammaglobin-A DNA vaccine

 Four groups of at least three patients will be vaccinated with mammaglobin-A DNA delivered intramuscularly at four different dose levels (150 μg, 500 μg, 1500 μg, 5 mg) every three weeks for four injections



Dose Escalation

 Dose escalation will only occur when the final patient at the prior dose level has safely completed all four injections and no dose-limiting toxicity (DLT) has been noted in more than one patient at the final postvaccination visit

Immune Monitoring

 ELISPOT assays, intracellular cytokine expression analyses using multiparameter flow cytometry, and peptide MHC tetramer analyses will be used to assess the antigen-specific T-cell response to the mammaglobin-A DNA vaccine

Anticipated Toxicity

 Based on experience with DNA vaccines in phase I clinical trials we expect toxicity to be limited to grade 1 vaccine site reactions

 Other reactions that have been described include hyperglycemia, hypoalbuminemia, myalgia, chills, allergic rhinitis, cough, headache and pruritis



Safety

 Safety defined as the absence of sever toxicity (grade 3 or greater) using the National Institutes of Health Common Toxicity Criteria

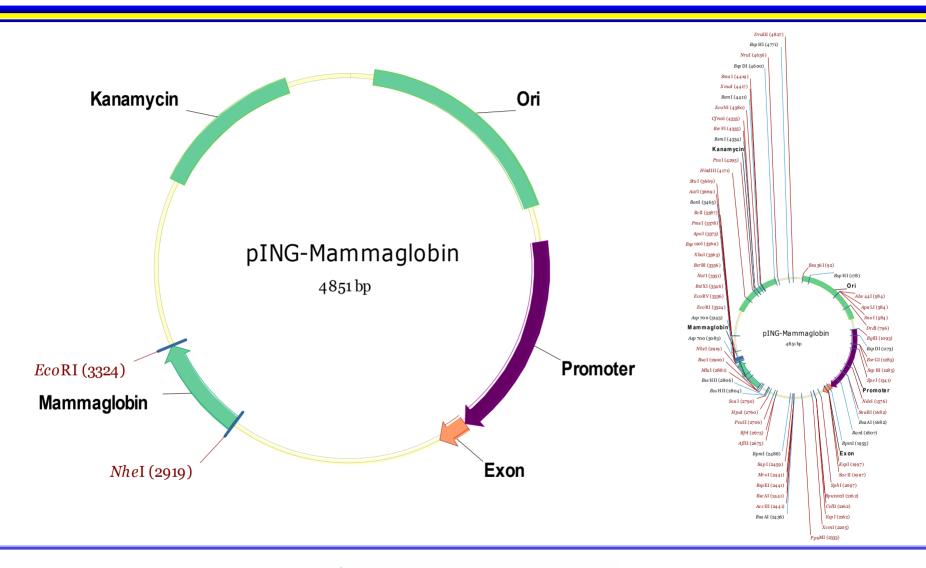


Optimal Dose

- The dose of mammaglobin-A DNA vaccine that is associated with the maximum immune response will be considered optimal
- If there is no clear difference in the immune response to two or more doses of mammaglobin-A DNA vaccine, the lowest dose of mammaglobin-A DNA vaccine that is associated with the maximum immune response will be considered optimal



pING-mammaglobin-A vector







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